FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002133 (7)

1. Corporation Name

CHURCH CEIFA, INC.

Principal Place of Business	Mailing Address
1020 E SAMPLE RD POMPANO BEACH FL 33064	1020 E SAMPLE RD POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0480005 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DOS SANTOS, JOSE A
6345 NW 9TH ST
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: Dos Santos, Jose A
82 Street Address (P.O. Box Number is Not Acceptable): 6345 NW 9th ST
83
84 City: MARGATE FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	DE CARVALHO, ELIEL	1.2 NAME	DE CARVALHO,ELIEL	
STREET ADDRESS	10328 BOCA ENTRADA BLVD #123	1.3 STREET ADDRESS	10328 BOCA ENTRADA BLVD #123	
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DOS SANTOS, JOSE A	2.2 NAME	DE LIMA,NELIS NILSON B	
STREET ADDRESS	4415 NW 5TH AVE	2.3 STREET ADDRESS	5010 N LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	LEITE, AFONSO S	3.2 NAME	DOS SANTOS, JOSE A	
STREET ADDRESS	4530 NE 1ST AVE	3.3 STREET ADDRESS	6345 NW 9TH ST	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	CARVALHO, DEBYE	4.2 NAME	BUARQUE,ROSELIANE C V	
STREET ADDRESS	10328 BOCA ENTRADA BLVD #123	4.3 STREET ADDRESS	5010 N LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	4.4 CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nelis NB de Lima 02.27.95 (305) 784-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #